U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



1 File Number U - 9845

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name John R Shields, Jr	Name Washington DC Building & Const Trades Council	
	Labor Organization File Number 036-366	
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any	
Street 5829 Allentown Road	Street 5829 Allentown Road	
City Camp Springs	City Camp Springs	
State Maryland ZIP Cods + 4 27046	State Maryland ZIP Code + 4 20746	
5 Position in labor organization Business Representative		
	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions)	
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your org	with, or derived income or other economic benefit of	
	January of the control of the control occurring to the control	
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest Transaction, or Income	
6 Name and address of Employer (including trade name, if any) Name		
Name		
Name Trade Name, if any P O Box, Bldg Room No , if any		
Name Trade Name, if any	7 a Nature of Interest Transaction, or Income	
Name Trade Name, if any P O Box, Bldg Room No , if any	7 a Nature of Interest Transaction, or Income	
Name Trade Name, if any P O Box, Bldg Room No , if any Street	7 a Nature of Interest Transaction, or Income	
Name Trade Name, if any P O Box, Bldg Room No , if any Street City	7 a Nature of Interest Transaction, or Income 7 b Amount	
Name Trade Name, if any P O Box, Bldg Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction, or Income 7 b Amount Signature enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the	
Name Trade Name, if any P O Box, Bldg Room No , if any Street City State ZIP Code + 4 15 Signature and verification The undersigned declares, under persubmitted in this report (including the information contained in any account in the state of the submitted in this report (including the information contained in any account in the state of the submitted in this report (including the information contained in any account in the state of the submitted in this report (including the information contained in any account in the state of the submitted in this report (including the information contained in any account in the submitted in this report (including the information contained in any account in the submitted in this report (including the information contained in any account in the submitted in this report (including the information contained in any account in the submitted in this report (including the information contained in any account in the submitted	7 a Nature of Interest Transaction, or Income 7 b Amount Signature enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the	

me of Person Filing John Shields, Jr		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name Amalgamated Bank	a Labor Organiza	tion	
Trade Name, if any	b Trust c Employer		
РО Box, Bldg , Room No , if any			
Street 15 Union Square			
City New York State New York ZIP Code+ 4 10003-3378			
State New 1927.			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing Banking Services		
Name	Banking Services		
Trade Name, if any			
P O Box Bldg Room No , if any			
Street	11 b Approximate dollar valu	ue of such dealing \$0	
City	12 a Nature of interest hel	d or income received	
State ZIP Code + 4	Lunch 8/3/04		
	12 b Amount	\$37	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name of any			
PO Box, Bldg , Room No , if any			
Street			
City			
State ZIP Code + 4			
13 b is the Business an Employer or Consultant 2	14 b Amount of payment		